Ms./Artist

Permanent Address _

> 44102 Zip

pald

(last name last)

Entry Blank—Please Type or Print

Mr./Artist PATRICIA SIELSKI

10109 LAKE AVE. #401, CLEVELAND

Daytime Tel. (216) 444-3640

area

Studio Address	Street	City
	Daytime Tel. (,
Zip		area
f you do not presently live in one Reserve, in which county were you		ne Western
Collaborator (if any)		
f May Show entries are not acce Artist will pick up at Museum. Museum should dispose of. Museum should ship to artist	at artist's exp 1/26	AY PISH
Street	77	42032
City Stat	φ	Zip
City		2.15
Special Instructions		
entry Blank must be completed in the accepted.	n full and signed; form	s received unsigned will not
When necessary, include instruction object.	ons or a drawing for a	assembling and displaying
Note carefully the dates for both hat the Museum shall dispose fo		
he dates given herein. It is also uxhibition until July 17, 1988.		ted objects will remain on
he dates given herein. It is also u	understood that accept	

Entry Blanks

Detach entire portion along dotted line and submit with slides, but retain tags-

A Paint			
Materials used (media):	O STATE	
SILVER F	RINT		
Title VAY FI	SH		
Price or NFS #2.75.	Insurance Value if NFS Only	Size /6 X 20 X / Height x width x depth	
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